

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to:

"Commissioner for Patents"
P.O. Box 1450
Alexandria, VA 22313-1450

on 8/31/05

8/31/05
Date of Signature

Gerard J. McGowan, Jr.
Reg. No. 29,412
Attorney for Applicant(s)

PATENT
CASE #F3313(C)
UNUS #02-0394-UNI

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Aldred et al.
 Serial No.: 10/630,563
 Filed: July 30, 2003
 For: PORTABLE DISPENSER FOR DISPENSING FROZEN AERATED EDIBLE PRODUCTS

Group: 3653
 Examiner: Kenneth W. Noland
 Englewood Cliffs, New Jersey 07632

PETITION FOR EXTENSION OF TIME TO FILE A RESPONSE

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Applicants petition the Commissioner for Patents to extend the time to file a Response for two months from June 30, 2005 to August 31, 2005.

Please charge Deposit Account No. 12-1155 in the amount of \$450.00 to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to this deposit account. This request is being submitted in triplicate.

Respectfully submitted,


 Gerard J. McGowan, Jr.
 Attorney for Applicant
 Registration No. 29,412

/gjm
 (201) 894-2297

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GERARD J. MCGOWAN, Jr.
Reg. No. 29,412
Attorney for Applicant(s)

UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: Aldred et al.
Serial No.: 10/630,563
Filed: July 30, 2003
For: Portable Dispenser for Dispensing Frozen Aerated Edible Products
Group: 3653
Examiner: Kenneth W. Noland
Englewood Cliffs, New Jersey 07632

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.
[] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 50.00	
Independent Claims		Minus			\$ 200.00	
Multiple Claims					\$ 360.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ _____

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

[] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

- [X] 37 C.F.R. § 1.16;
- [X] 37 C.F.R. § 1.17;
- [X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

/jim
(201) 894-2297

G.J.M.
Gerard J. McGowan, Jr.
Attorney of Record
Reg. #29,412